## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10/6/6/00

								1 10/010100					
	1/3	CLAIMS AS	S FILED -			(Column 2)		MALL EI	NTITY	OR	OTHER SMALL I		
TC	OTAL CLAIMS	,	/	• /			_	RATE	FEE	7	RATE	FEE	
FC	DR		NUMBER	NUMBER FILED		NUMBER EXTRA		ASIC FEE	<del> </del>	OR	BASIC FEE	770.00	
	TAL CHARGEA	ABLE CLAIMS	<u> </u>	nus 20=	. {	. 8		XS 9=		OR	X\$18=		
INC	DEPENDENT CL	LAIMS		inus 3 =	*	. 8		X43=	<b> </b>	- 7	X86=		
		NDENT CLAIM PI	<u> </u>							OR	e = 1		
L					nor in a	"O" in column 3		+145=		OR	+290=		
* If		•		ess than zero, enter "0" in column 2			. Τ	TOTAL	385	OR			
	С	_	MENDED	MENDED - PART II			S	SMALL E	FNTITY	OR	OTHER SMALL E		
		(Column 1)		(Colun		(Column 3)	· -	7		1 /	·		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	- 67	Minus	- 20	>	= 47	;	X\$ 9=	423	OR	X\$18=		
ME	Independent	* 4	Minus	*** 2	5	=	;	X43=	43	OR	X86=		
9	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
							<u> </u>	TOTAL	466		TOTAL		
		(O=1:		(Calur	O\	(Column 3)	ADI	DIT. FEE	TPU	10	ADDIT. FEE <b>L</b>		
	,	(Column 1)		(Colum		T COLUMNIT ST	· -			. 1		1001	
m	1	REMAINING	. '	NUME		PRESENT	ΙΙ,		ADDI-	1		ADDI-	
<u> </u>	1 -	AFTER	1	PREVIO	DUSLY	EXTRA		RATE	TIONAL	1 1	RATE	TIONAL FEE	
恒	<u> </u>	AMENDMENT	<b></b> '	PAID F	FOR		-	<del>  </del>	FEE	1		PEL	
AMENDMENT B	Total	10	Minus	- 67	<u> </u>	= 31	'	X\$ 9=	279	OR	X\$18=	·	
AME	Independent	* 12- ENTATION OF MU	Minus	PENDENT	CLAIM	= 8	1	X43=	344	OR	X86=		
	FIRST TILL	MIATION OF I	Julia de De	ENUL	00		+	145=		OR	+290=		
							ADE	TOTAL DIT. FEE	623	OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)							
		CLAIMS		HIGHE	EST	-			ADDI-	1		ADDI-	
ပ	1	REMAINING	1	NUMB		PRESENT		RATE	TIONAL	, }	RATE	TIONAL	
Z.	1	AFTER AMENDMENT	1	PREVIO PAID F		EXTRA		W	FEE _			FEE	
AMENDMENT C	Total		Minus	***		=	×	<b>(\$</b> .9=		OR	X\$18=		
MEN	Independent	•	Minus	***		=	<b> </b>	(43=		OR	X86=	•	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									· · ·			
			•			_	+	145=		OR	+290=		
* t	I the entry in colur	mn 1 is less than the mber Previously Pa	e entry in column	mn 2, write	"0" in cor less that	umn 3. n 20. enter "20."	400	TOTAL DIT. FEE		OR ,	TOTAL ADDIT, FEE		
***	If the "Highest Nur	imber Previously Pain nber Previously Pain	aid For IN THE	IS SPACE is	s less that	n 3, enter "3."			ropriate box				